

South Carolina Workers' Compensation Commission

1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675



COURT CERTIFICATE

_____, Plaintiff (s)

VS.

_____, Defendant(s)

was filed in this Court under date of _____, _____, with affidavit of service
showing service of the Summons upon the defendant(s).

Clerk of Court (SEAL)

DATED: _____

Court _____
County _____
State _____